

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		2				
6		3				
7		3				
8		3				
9		2				
10		1				
11		3				
12		3				
13		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		22				
TOTAL CLAIMS		23				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL CLAIMS						